



WAIVER and PERMISSION FORM

LOCATION: IRVING REC CENTER

(Please fill out one form for each child)

CHILD'S FIRST AND LAST NAME: _____

PARENT/LEGAL GUARDIAN: _____

Please print

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

I understand that being able to contact me or an authorized adult during the program day is very important and I will make sure Parks and Rec. has current, daytime contact information.

X

SIGNATURE OF PARENT AND/OR GUARDIAN

DATE

Parent must indicate 'yes' or 'no' to the following:

- | | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I give staff permission to transport my child for the purpose of program activities whether by van transportation, City bus system, or by walking during any of the days at a Parks and Recreation program. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I give my permission for Parks and Recreation staff to apply sunscreen as needed applied liberally, for outdoor play, field trips, and especially for swimming or other water activities. Product Fact Sheet is available for review at the program location. It is expected that sunscreen be supplied by parent or guardian but in case the sunscreen runs out or is not available at their present location, program staff will supply the child with adequate sunscreen and/or assist the child with the application. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I give my permission for Parks and Recreation staff to apply insect repellent when necessary. We often apply more repellent to clothing than to skin. Program staff will apply the insect repellent. Product Fact Sheet is available for review at the program location. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have read Parks and Recreation's Rules and Discipline Policy and have discussed with my child. I understand that disciplinary steps may proceed faster than outlined depending on the circumstances. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I give my permission for Parks and Recreation staff to share and receive necessary information from all Parks and Recreation partners to assist with providing the best program experience for my child. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered. |

CHILD'S PHYSICIAN: _____ **PHONE:** _____